

FORM 5	MDEQ	MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY APPLICATION FOR AIR POLLUTION CONTROL PERMIT
Incinerators		Section I
1. Emission Point Description		
<p>A. Emission Point Designation (Ref. No.): _____</p> <p>B. Waste Type: <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Sewage Sludge <input type="checkbox"/> Agricultural Waste <input type="checkbox"/> Municipal Waste <input type="checkbox"/> Commercial/Industrial Waste <input type="checkbox"/> Wood Waste <input type="checkbox"/> Pathological Waste <input type="checkbox"/> Hospital/Medical /Infectious Waste <input type="checkbox"/> Other (describe): _____</p> <p>C. Process Description: _____</p> <p>D. Manufacturer: _____ E. Model: _____</p> <p>F. Maximum Design Capacity (specify units): _____ Equivalent to: _____ tons/hr</p> <p>G. Status: <input type="checkbox"/> Operating <input type="checkbox"/> Proposed <input type="checkbox"/> Under Construction</p> <p>H. Operating Schedule (Actual): _____ hr/day _____ days/week _____ weeks/yr</p> <p>I. Date of construction, reconstruction, or most recent modification (for existing sources) or date of anticipated construction: _____</p>		
2. Incinerator Data		
<p>A. Type of Incinerator:</p> <p><input type="checkbox"/> Single Chamber <input type="checkbox"/> Multiple Chamber <input type="checkbox"/> Air Curtain Incinerator</p> <p><input type="checkbox"/> Cyclonic Barrel Burner <input type="checkbox"/> Cement Kiln</p> <p><input type="checkbox"/> Other: _____</p>		

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2. Incinerator Data (continued)		
<p>B. Auxiliary Equipment:</p> <p>1. Primary Burner:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">a. Fuel Type: _____</div> <div style="width: 45%;">b. MMBTU/hr: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">c. Operating Temp.: _____ °F</div> <div style="width: 45%;">d. Residence Time: _____ seconds</div> </div> <p>2. Secondary Burner:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">a. Fuel Type: _____</div> <div style="width: 45%;">b. MMBTU/hr: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">c. Operating Temp.: _____ °F</div> <div style="width: 45%;">d. Residence Time: _____ seconds</div> </div> <p>3. Afterburner:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">a. Fuel Type: _____</div> <div style="width: 45%;">b. MMBTU/hr: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">c. Operating Temp.: _____ °F</div> <div style="width: 45%;">d. Residence Time: _____ seconds</div> </div> <p>4. Maximum Sulfur Content of Fuel Oil (if burned): _____ %</p> <p>C. Combustion Air:</p> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div><input type="checkbox"/> Natural Draft</div> <div><input type="checkbox"/> Forced Draft</div> <div><input type="checkbox"/> Induced Draft</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Starved Air</div> <div><input type="checkbox"/> Other: _____</div> </div> <p>D. Waste Feed Method:</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> Flue Fed</div> <div><input type="checkbox"/> Chute Fed</div> <div><input type="checkbox"/> Continuous Direct</div> <div><input type="checkbox"/> Batch Direct</div> </div> <p>E. Percent CO₂ in exit gas: _____ %</p> <p>F. Describe any air control device and complete the applicable parts of Section L.</p>		